

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY FPD 35 SEP 12
2019 OCT 20 PM 3:07

Alphonso Syville

19 CV 9988

Write the full name of each plaintiff.

CV
(Include case number if one has been assigned)

-against-

City of New York
Department of Homeless Services
DHS Peace Officers Service

COMPLAINT

Do you want a jury trial?
☐ Yes ☒ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act (ADA), Rehabilitation Act of 1973, Human Rights, Negligence, Pain Suffering, Post-Traumatic Stress, Excessive force, fabricating statements, unlawfully imprisonment.

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

Alfonso Byville
First Name Middle Initial Last Name

106 Horn Bean Ave Swedesboro N.J. 08085
Street Address

646-673-3205 SoHoodent27@AOL.Com
County, City State Zip Code Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Department of Homeless Services
First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

33 Bleecker St NY, NY
County, City State Zip Code

Defendant 2:

DHS police officers
First Name Last Name

Current Job Title (or other identifying information)

33 Bleecker St
Current Work Address (or other address where defendant may be served)
NY, NY
County, City State Zip Code

Defendant 3:

First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

131 W 25th Jack Ryan Homeless Shelter for single adult men

Date(s) of occurrence:

7/2/19

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I was Assaulted on 7/2/19 By DHS peace officers at 131 Jack Ryan Homeless Shelter for single adult men (see Attachment #4 part 1-3)

I have a physical and mental illness and been fighting my case since 2016/April. But I been surviving at it of Wellsee since. (See Attachment #1)

Staff of Jack Ryan Refused to help me a physical ill client with my property through the metal detectors to be searched. Even after being called ahead of time from my previous shelter that my property was being transported from due to my back injury that staff at Jack Ryan needs to help me with my property when it arrives. (see Attachment #4 part 1)

Also the main reason I was transferred to Jack Ryan Homeless Shelter was because it was closer to Bellevue Hospital where I was about to have lower back surgery (see Attachment #2)

Due to this, I was denied entrance to the Lee Ryan shelter. Then the police officer put me in a Bear Hug. The other police officer put me in a headlock. Took me down to the floor cuffed my hands and ankles. Lifted me up by my Dreads, Pulled out like 10 of my Dreads. Banged my head off the wall as they dragged me down like 15 steps in ankle and hand cuffs on my way to the DHS office. Gave me false statements, beaked me up. ~~They~~ They closely violated DHS. They taken all my property away, my whole life. I have nothing left now. They couldn't help lift my property but they ~~Patrol~~ call. (see attachment #3/#4)

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Help lift my property to throw it away. (see att #6)

Traumatizing for a person with a history with a Mental Disability. Scars from the excessive force scarred my hands and ankle cuffs, (Permanent marks). Lost of Hair, Continuing to cause more damage to my lower Back. (I'm still trying to make an appointment to get my lower Back Surgery. Pain & Suffering, Negligence. (see attachment #3/#4 and 5)

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I'm looking for Hundreds Million in Damages Dollars

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an JFP application.

10/28/19
Dated
Alphonso
First Name
Middle Initial
Last Name
Syville
106 HORNBEAN AVE SWANESBORO NC 28085
Street Address
County, City
646-673-3205
Telephone Number
State
Zip Code
SOLHOODENT27@AOL.COM
Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

1:19 CV. 09265

Syville, Alfonso
Name (Last, First, MI)

106 Hornbourn Ave Swedesboro N.J. 08085
Address City State Zip Code

646-673-3205 Solhardent27@AOL.Com
Telephone Number E-mail Address

10/28/19 A. Syville
Date Signature

Return completed form to:

Pro Se Intake Unit (Room 200)
500 Pearl Street
New York, NY 10007

Attachment 1

INCOME

{
/

§ SI. Appeal
I Been fighting
This Case since
2006 - until present
(still active)

Attach 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alfonso Syville

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

1:19 CV. 09265 () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Social Security Administration

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at:

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount:

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: N/A

If "no," what was your last date of employment? N/A

Gross monthly wages at the time: N/A

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No

ATTACH 2

- | | | |
|---|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Food stamps \$190 monthly \$40 cash monthly

If you answered "No" to all of the questions above, explain how you are paying your expenses:

- How much money do you have in cash or in a checking, savings, or inmate account?
N/A
- Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
N/A
- Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
N/A
- List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
N/A
- Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:
N/A

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated <u>10/7/19</u>		Signature <u>A. J. B.</u>	
Name (Last, First, MI) <u>Syville, Alphonso</u>		Prison Identification # (if incarcerated)	
Address <u>131 W 25th</u>	City	State	Zip Code
Telephone Number	E-mail Address (if available) <u>30Hoodent27@aol.com</u>		

NYC
**HEALTH +
HOSPITALS**

Woodhull

WOODHULL MEDICAL CENTER
760 Broadway 3c-100
Brooklyn NY 11206
Dept: 718-963-8269

June 17, 2019

Patient: **Alphonso Syville**
Date of Birth: **9/27/1974**
Date of Visit: **6/17/2019**

Lower
Back
operation

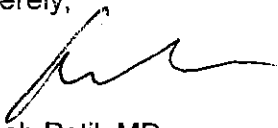
1245

To Whom It May Concern:

It is my medical opinion that Alphonso Syville will need complete bedrest until recommendations from the spine doctors. .

If you have any questions or concerns, please don't hesitate to call.

Sincerely,


Suresh Patil, MD

This document was electronically signed on 6/17/2019 at 3:15 PM.

Referrals for
BACK SURGERY/Reason

I WAS TRANSFERRED TO JACK RYAN ON
W 25th AND SAVE SO I COULD BE CLOSE TO
WOODHULL HOSPITAL WHERE MY LOWER BACK OPER-
ATION WAS GOING TO TAKE PLACE IN THE NEAR FUTURE.

Syville, Alphonso (MR # 1076772)
Woodhull Orthopedics
760 Broadway 3C-100
BROOKLYN NY 11206
Phone: 718-963-8269
Fax:

Ext. 1

ATTACH 2

Encounter Date: 06/17/2019
Date: Jun 17, 2019

Ambulatory Referral to Orthopedics

Patient: Alphonso Syville
466 Marcy Avenue
Apt 4D
BROOKLYN NY 11206
Phone: 646-730-3091

MRN: 1076772
DOB: 9/27/1974
SSN: xxx-xx-xxxx

Sex: M

12/12-562

5751

7/3

Referring Provider Information:

PARVIN, FARHEENA Phone: 718-963-8269

Fax:

Referral Information:

Visits: 1

Urgency: Next 7 Days

Start Date: Jun 17, 2019

Referral Type: Orthopedic [BK1]

Referral Reason: Specialty Services Required

End Date: To be determined by Insurer

Diagnosis: Spinal stenosis of lumbar region with neurogenic claudication (M48.062)

Refer to Dept:

Refer to Provider:

Reason for Referral: L4-L5, L5-S1 disc protrusion compromising central canal and nerve roots. Pt has b/l LE numbness and urinary urgency. Please eval for management ASAP

Authorized by: Farheena Parvin, PA

* This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact Woodhull Orthopedics at 718-963-8269 between the hours of 8:00am - 5:00pm (Mon-Fri).

Woodhull

August 15, 2019

Alphonso Syville
466 Marcy Avenue
4d
Brooklyn NY 11206

Patient: **Alphonso Syville**
MR Number: **1076772**
Date of Birth: **9/27/1974**
Date of Visit: **8/15/2019**

To whom it may concern:

Thank you for referring Alphonso Syville to me for evaluation. Below are the relevant portions of my assessment and plan of care.

Mr Syville is currently at a shelter facility in Bronx. He is being managed at Woodhull Medical and Mental Health center (brooklyn) for his medical condition and will receive a referral to Bellevue Hospital. It is difficult for him to travel from Bronx to Brooklyn for regular appointment follow ups.

Please allocate a shelter closer to his medical facility.

If you have questions, please do not hesitate to call me.

Sincerely,



Suresh Patil, MD

This document was electronically signed on 8/15/2019 at 3:26 PM.

3140866

Syville, A'phonso (MR # 1076772)
Woodhull General Surgery
760 Broadway 2C-230
BROOKLYN NY 11206
Phone: 718-963-8207
Fax: 718-630-3234

Encounter Date: 08/15/2019
Date: Aug 15, 2019

ATT. 2

Ambulatory Referral to Neurosurgery

Patient: Alphonso Syville
466 MARCY AVENUE
4D
BROOKLYN NY 11206
Phone: 646-730-3091

MRN: 1076772
DOB: 9/27/1974
SSN: xxx-xx-xxxx
Sex: M

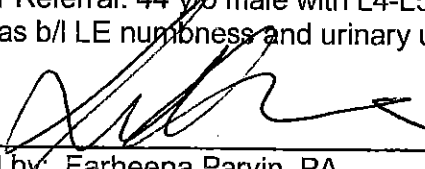
Referring Provider Information:

PARVIN, FARHEENA Phone: 718-963-8207 Fax: 718-630-3234

Referral Information:

Visits: 1 Referral Type: Surgical [2]
Urgency: Routine Referral Reason: Specialty Services Required
Start Date: Aug 15, 2019 End Date: To be determined by Insurer
Diagnosis: Chronic bilateral low back pain with bilateral sciatica (M54.42,M54.41,G89.29)
Refer to Dept:
Refer to Provider:

Reason for Referral: 44 y/o male with L4-L5, L5-S1 disc protrusion compromising central canal and nerve roots. Pt has b/l LE numbness and urinary urgency. Please eval for management ASAP


Authorized by: Farheena Parvin, PA

This document serves as a request of services and does not constitute insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact Woodhull General Surgery at 718-963-8207 between the hours of 8:00am - 5:00pm (Mon-Fri).

ATT. 2

NYC
HEALTH+
HOSPITALS

Bellevue

Mr. Alphonso Syville
486 MARCY AVENUE
4D
BROOKLYN, NY 11206

9/10/2019

Dear Alphonso Syville,

This is a reminder for your upcoming appointment with BE NEUROSURG RESOURCE [11744056].

Date: 9/10/19
Time: 10:20 AM
Department: Bellevue Neurosurgery
Location: Bellevue Hospital Center
Visit Type: Consult
MRN: 3140866

Instructions: Ambulatory Care Building
1st Floor Clinic 1D

Please arrive at by 10:20 AM to check in and fill out any necessary forms.

If for any reason you are unable to keep this appointment, please contact the office at 844-692-4692 to reschedule.

Sincerely,
Patient Service Specialist for BE NEUROSURG RESOURCE [11744056]

ATT. 2

Date: Sep 10, 2019

Bellevue Neurosurgery
462 1st Ave
New York NY 10016
Phone: 844-692-4692
Fax: 212-562-5603

Ambulatory Referral to Pain Management Clinic

Patient: Alphonso Syville
466 MARCY AVENUE
4D
BROOKLYN NY 11206
Phone: 646-730-3091

MRN: 3140866
DOB: 9/27/1974
SSN: xxx-xx-xxxx

Sex: M

Referring Provider Information:

ORILLAC, CORDELIA Phone: 844-692-4692
Supervisor: Stephen Russell, MD

Fax: 212-562-5603

Referral Information:

Visits: 1

Urgency: Routine

Start Date: Sep 10, 2019

Diagnosis: Back pain at L4-L5 level (M54.5)

Refer to Dept: BE PAIN MANAGEMENT

Refer to Provider:

Referral Type: Consultation [3]

Referral Reason: Specialty Services Required

End Date: To be determined by Insurer

Reason for Referral: refractory LBP not surgical candidate

Authorized by: CORDELIA ORILLAC, MD

This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact Bellevue Neurosurgery at 844-692-4692 between the hours of 8:00am - 5:00pm (Mon-Fri).

Additional Department Information:

Department:	Phone:	Address:	City:	State:
BE PAIN MANAGEMENT	212-562-5362	462 1st Ave	New York	New York

**NYC
HEALTH+
HOSPITALS**

ATT. 2
Bellevue

Mr. Alphonso Syville
466 MARCY AVENUE
4D
BROOKLYN, NY 11206

9/10/2019

Dear Alphonso Syville,

This is a reminder for your upcoming appointment with BE UROLOGY R1.

Date: 10/03/19
Time: 3:00 PM
Department: Bellevue Urology
Location: Bellevue Hospital Center
Visit Type: Consult
MRN: 3140866

Instructions: Ambulatory Care Building
1st Floor Clinic 1C

Please arrive at by 3:00 PM to check in and fill out any necessary forms.

If for any reason you are unable to keep this appointment, please contact the office at 844-692-4692 to reschedule.

Sincerely,
Patient Service Specialist for BE UROLOGY R1

Attachment 3

Department

DHS police officer's

Rules and Client Rights

Att. 3



DHS PEACE OFFICER GUIDE

PROCEDURE No. 120-08

USE OF FORCE

Date Issued	Date effective	Revision Number	Page of Pages
01-01-02	01-01-02		1 of 2

**USE OF
FORCE**

All DHS Peace Officers are responsible and accountable for the proper use of force under appropriate circumstances. Officers and Supervisors are reminded that the application of force must be consistent with existing law and common law enforcement values to value human life and respect the dignity of each individual. Depending upon the circumstances, both federal and state laws provide for criminal sanctions and civil liability against officers, when force is deemed excessive, wrongful or improperly applied. Additionally, administrative sanctions are also available in instances of abuse of authority or improper use of force.)

(The primary duty of all DHS Peace Officers is to preserve human life. Only that amount of force necessary to overcome resistance will be used to effect an arrest or take a dangerous mentally ill or emotionally disturbed person into custody.)

(At the scene of an incident, many officers may be present and some may not be directly involved in taking enforcement action. However, this does not relieve any officer of the obligation to ensure that the requirements of law and agency regulations are complied with. DHS Peace Officers are required to maintain control or intervene if the use of force against a subject becomes excessive. Failure to do so may result in administrative, criminal or civil penalties. EXCESSIVE FORCE AND UNLAWFUL RESTRAINT OF INDIVIDUALS WILL NOT BE TOLERATED.)

All DHS Peace Officers at the scene of an incident must use minimum necessary force.

(DHS officers will NOT use chokeholds or apply any pressure to an individual's throat or windpipe, which may prevent or hinder breathing or reduce the intake of air. Officers shall avoid tactics such as sitting or standing on a subject's chest, which may result in chest compression, thereby reducing the subject's ability to breathe.)

(Whenever it becomes necessary to take a subject into custody, a DHS Police supervisor will be notified and respond to the scene. Responding officers will utilize appropriate tactics in a coordinated effort to overcome resistance. The DHS Police supervisor should direct and control all activity.)

Persons taken into custody shall be rear cuffed at the earliest opportunity to reduce the potential for resistance, which may cause injuries. Only handcuffs or other restraining devices authorized by the agency will be used.

After an individual has been controlled and placed under custodial restraint using handcuffs or other authorized methods, the person should be positioned so as to promote free breathing. The subject should not be maintained or transported in a face down position.

Part 1 Attachment
The (Ext # 1) 4

Assault

7/2/19

Alfonso Syville

A. Syville
Pg 4

Page 1 of 4
The Assault
Part 1

#TT.4

E# 1097-10077

CLIENT COMPLAINT FORM

DATE: 7/3/19

TIME REPORTED: 6pm

REPORTED TO: Director of Jack Ryan

CLIENT'S NAME: Alphonse Syville

HA:

D.O.B: 9/27/74

SOC. SEC. #: 068-58-5767

NATURE OF COMPLAINT: I WAS ASSAULTED BY DHS PERC OFFICER WATERTON #261, Bailey, Jones

COMPLAINT:

To whom this may concern ON 7/2/19 I WAS ASSAULTED BY DHS PERC OFFICERS. (Look at the camera's).

Ms Sims sent my property from Renaissance ON 7/2/19 By 1 of her staff members and a client. This was done because I couldn't carry my bags due to my back injury and surgery. Ms Sims called Jack Ryan and told them that somebody must help me with my bags. First time ROB came, somebody at Jack Ryan told him I wasn't there.

So Mr ROB came again and they came to the 17th floor to get me. Page 2

DHS POLICE SUPERVISOR ON DESK:

COMPLAINT ENTER INTO LOG BOOK PAGE(S):

TIME OF COMPLAINT:

INCIDENT REPORT #:

WAS STAFF NOTIFIED?

IF YES, THEN WHO:

MISCELLANEOUS NOTATIONS:

Please Call Ms Sims the Director at Renaissance man better in Brooklyn and Mr ROB who work and bring my property from Brooklyn to Manhattan twice so he and she can tell you how rude & disrespectful

CLIENT'S SIGNATURE:

They was told

P 2 of 4 part 1

ATT. 4

CLIENT COMPLAINT FORM

DATE: 7/3/19

TIME REPORTED: 7:15

REPORTED TO: Director of Jack Ryan

CLIENT'S NAME: Anthony Sprille

HA: _____

D.O.B: 9/27/74

SOC. SEC. #: _____

NATURE OF COMPLAINT: I WAS ASSAULTED BY DHS ~~STAFF~~ Peace officer's WATERTON # 261 Bailey, Jones
COMPLAINT:

I come Down AND meet ROB outside. The people at JACK RYAN gave ROB a HARD time. Please CONTACT RENAISSANCE Shelter in BROOKLYN AND SPEAK WITH MRS SIMS AND MR ROB the tall Guy

SO NOW MY PROPERTY IS IN THE LURRY waiting to be SEARCHED But somebody Gotta Help Me put it through the Mail Detectors. I ASKED THE 2 R.A. People THAT WAS IN THE front to Help me AND they SAID, "I feel you But we Don't Do That. Then I ASKED DHS and they SAID No. Now let's not forget, I was transferred to Jack Ryan to HAVE BACK surgery."
DHS POLICE SUPERVISOR ON DESK.

COMPLAINT ENTER INTO LOG BOOK PAGE(S): _____

TIME OF COMPLAINT: _____ INCIDENT REPORT #: _____

WAS STAFF NOTIFIED? _____ IF YES, THEN WHO: _____

MISCELLANEOUS NOTATIONS:

Please Call Ms Sim 718-581-5798 AND Please Get your own copy of the tape so you can really see it. I WAS ASSAULTED

CLIENT'S SIGNATURE: _____

P3 of 4 part 1

ATT. 4

E/H prog. 10000
10000

CLIENT COMPLAINT FORM

DATE: 7/3/19

TIME REPORTED: 9 o'clock

REPORTED TO: Director at Jack Ryan

CLIENT'S NAME: Alfonso Spille

HA: _____

D.O.B: 9/27/74

SOC. SEC. #: _____

NATURE OF COMPLAINT:

Assaulted By D.H.S. peace officers
Bailey, Jones. AND whoever else please get the tape

COMPLAINT:

Go I have my bags and go through the Metal
Detector, clear and Waker-ton jumped in front
of me and said, where you going. I panicked and said
this is my shelter. I'm going upstairs to get my
phone to call the Coalition for the Homeless and to
get 2 clients to help me with my property. I told
Waker-ton, you can't stop me this is my official shelter.
Waker-ton said, oh yeah and grabbed me in a Bear
hug. He is crushing my lower back and I'm trying
to get loose. Then Bailey jumped me. Next thing I
know I'm on top of Waker-ton. And Waker-ton
got me in the headlock and pulling my hair
out at the same time.

DHS POLICE SUPERVISOR ON DESK: _____

COMPLAINT ENTER INTO LOG BOOK PAGE(S): _____

TIME OF COMPLAINT: _____

INCIDENT REPORT #: _____

WAS STAFF NOTIFIED? _____

IF YES, THEN WHO: _____

MISCELLANEOUS NOTATIONS:

Please watch the tape, Please!!

CLIENT'S SIGNATURE: _____

P4 of 4 PART 1

ATT. 4

E# 10010
10017

CLIENT COMPLAINT FORM

DATE: 7/3/19

TIME REPORTED:

REPORTED TO: Director of Jack Ryan

CLIENT'S NAME: Alphonso Syville

HA:

D.O.B: 9/27/74

SOC. SEC. #: Please see Camera's

NATURE OF COMPLAINT: I was assaulted By DHS Police Officer's, Water-ton #261, Bailey, Jones & other's

COMPLAINT:

I heard Jones yell, take him take him
He on top of Water-ton. I yelled, No Don't take
me. Tell him to let my hair go and I'll let you
cut me. Bailey was trying to break my arm and
WREST AND SOME OTHER PEOPLE WAS ON ME BUT I COULDN'T
SO, I WAS FACE DOWN. Water-ton started pulling my
hair tighter and still had me in a head lock. They
put ankle restraints on me. They and Water-ton
pulled me up by my hair. Started dragging me down
stairs, dragged my side of my head on the wall.
Dragging me down the stairs in ankle restraints
cut into my skin. Sat me on the bench and
DHS POLICE SUPERVISOR ON DESK:
ON my left wrist. Everything extra tight so they left
me like that

COMPLAINT ENTER INTO LOG BOOK PAGE(S):

TIME OF COMPLAINT: INCIDENT REPORT #: for HOURS

WAS STAFF NOTIFIED? IF YES, THEN WHO: Please watch the Camera's

MISCELLANEOUS NOTATIONS:

There are Camera's Downstairs in the
DHS office where they had me cuffed.
Please watch

CLIENT'S SIGNATURE:

Alphonso Syville
7/3/19

After the Assault

Part 2

ATT. 4

Falsifying Statements

Excessive Force

AND whatever else

Y/H/ See.

Alphonso Syllé
A. Syllé

PAGES 2

7/4/19

~~Page 2~~

AS
#

Page
1 of 2
9/2/19
2

Att. 4

falsifying my statement, -
Force. Giving me the charges that I
DIDN'T DO. Had the cuffs on my
cuffs on Rest tight FOR
HOUR 5 7/4/19 (ASSAULT)

Sorry about not knowing some of
the people involved NAMES OR ~~Badge~~
Number. I just got to Jack Ryan on 6/30/19
But I describe them to the best of
my ability and I will definitely point
them out to you

So the Sergeant Ms Stok is the
one that told all of them to lie. She
never checked the tape, she said, "that's
why you were for service, she the 1 that
told Barry, Walter to leave the cuffs behind
my back and tight and to put the extra
cuffs on my left wrist & Rest tight also.

1 DITS
make
see
pieces

So from the sheet, she started the
cover-up. She is a light skin lady that
look like Popeye's ~~the~~ Girl mother. The
black old 1, little up top Big from the
~~stomach~~ Down with grey streaks in her
hair she wear in a ponytail. ~~The~~ Jones
I think that's her name but she got
a 2 tone face ~~light~~ light skin

* Assault
her the

with Big fake eye glasses. And this
1 again Thomas or Thompson the 1
with short hair, overweight, with thick
seeing glasses.

So the Segnat has all of them in
a corner writing statements lying and
they will come to look at me, say something
then I'll say something and they'll say
what that's a threat charge. Why you
threatening her, charge.

And the Segnat read everybody
statement, including Bailey & Watson.
And they all lie, I never spit or
No Body.

Yes, I was mad at Bailey &
Watson and Jones for jumping me
and about to haze me for nothing.

So I might of said something
crazy to them, I was Assaulters for Nothing

So her plan was to send extra
charges and statements with violent
lies with the hope that the Judge
Denies me and that will really make
me really look like the aggressor.

Althorso Spille

A-111 7/14/19

PART 3

AT. 4

Treatment in Cuffs
AND Ankle Restraints
in the Hospital & Central
Booking.

Alphonso Syke
A. Syke

7/4/19

Pages 62

Page 1
Treatment in cuffs and
ankle restraints
and in hospital and
control bookings

Pg 1 of 6
Part 3

MT.4

7/4/19

So now they transferring me in
ankles restraints and I can barely
walk. I am Hoping in pain, I'm ~~crying~~ ^{not crying}

I asked the Segway to loose
them up I can barely walk. She said, "No"
when when I finally reaches the
ambulance Hoping. I asked the EMT lady
To loose the ankle restraints I can barely
walk. Jones and her again thick seeing
glasses with the short hair and one ear weight
tells the EMT lady, "NO" my Segway
said to leave it". So the EMT lady
put me in the bus so I didn't have
to walk.

So it was me, ~~her~~ her again,
and Badge 718 and another DHS person,
But she was cool.

I was suffering on ~~the~~ Both of
my wrist, my lower back, right ankle,
head, panic attack, Anxiety, last heart
racing and violated.

But her again and Badge 718 left
my ankle restraints on for like a hour in
the hospital and was very disrespect

Dragging me I can barely walk.
I got Ref. at when a Different ~~way~~
doctor told them they had to take off
the ankle right one to see if I'm in
pain, so they do. I had a ~~Lump~~ on
my ankle right one. The doctor wrapped
it for me and her again and 718 badge
put the ankle restraint right back on.

And continues to drag and be very
unprofessional towards me and my injuries.
The Hospital ~~also~~ also gave me Zolof. They
also injected me with HENROD in my
upper left arm for my lower back ~~pain~~
after all I just went thru. Also for my
wrist and ankle and head with I had
a serious headache from Water ton
pulling my hair out on purpose. But

So now I get to Precinct 11 or 13th and
I tell LT, I didn't do nothing and I have
anxiety and panic attacks. So Lt said
OK that Badge 718 and her ~~spain~~ gotta
stay with me. ~~and I don't~~ Remember
about the ankle restraints at this time
because the pain injection was working
for my ankle, no more pain, wrist no more
PAIN, NO HEADACHE But still lower back

PAINS but not bad. So they put me in the jail cell and locked the door and denied me ~~a~~ ^{to} drink something to drink. So I started kick the jail cell door and LT told 718 and they came to take me back to the Hospital.

The Hospital refused to intake me said I was playing games. I said Doctor I like 150 Zolot a Day. I Hope you gave me 150 the first time. Also I messaged my ~~bro~~ ^{bro} lower back again for kicking the cell door. The Doctor said so and they scan me ~~slap~~ ^{slap} and wouldn't give me another shot. And sent me back to precinct 13th to get ^{me} processed and fingerprinted.

So Her again and Bailey was there and once I see Bailey I start disrespecting him cause ~~he~~ ^{as} a man I felt another man violates me on the streets and I'm getting locked up for it. And I asked for something to eat and drink and Bailey and Her again continues to ignore me and I kick the cell door again and Lt came in and after LT ~~take~~ ^{take} Her again tazer gun at Her Host and

tell her again she suppose to had
checked her laser gun once she
first came in. LT ask me what's
wrong I said they want get me something
to eat Bailey said her again. It told
her again she better go get me something
to eat and drink but I know only
thing I ate so far was a cup of fruit
from Bellini ~~at~~ on my first trip.

I forgot what time we left but
Bailey was my secretary office.
I would say her again got me something
to eat around 12-7:30 pm. And I spoke
to and lady police officer she was real
kind. She was there to therapy me quick
and to make sure I wasn't thinking about
hurting or killing myself, (NEVER).

So I had to go ~~back~~ to Central Bookings
and Jey Gomez came and take over
custody this time, he in charge of
the dlt's workers.

He like smile, I'm talking there
leg restraints off of you right now,
you good, I tell Gomez Segr, Yeah I'm
good and Jey take the leg restraints
off we going to 100 Centre Street.

Page 5 of ~~7~~ Part 3

ATT 4

3:51 am I'm ^{going to} find some where
to sleep probably the tent I'm tired
cause I been up since 11 am 7/2/19 it's 3:53
am on July 4th 19, Independence Day. Why
Not.

So we ~~to~~ to 100 Centre St for
Court and I'm not ready in
the Court system. So DHS was
forced to take me back to the
office because I couldn't wait for
Central Booking in ~~shower~~ due to Mental
Illness.

I Got back to Jack Ryan at
2am. With Detective ALTARZ.

So, I WAS cuffed on my Ankles
AND wrist extra tight from 1pm July
2 until 1am July 3rd.

Alphonso Dwyll
A. Dwyll 7/4/19

Attachment 5
MEDICAL Reports

AFTER I was assaulted
AND went to the Hospital

Att. 5

AFTER VISIT SUMMARY

Alphonso Syville MRN: 1222726

NYC
HEALTH+
HOSPITALS

Coney Island

7/4/2019 Coney Island Adult Ed 844-692-4692

Instructions

Please make sure to read the information provided to you today,

Please take your medication/s as instructed,

Please go to 1N20 to get a clinic card, if you don't have one yet, so that you can follow up in Coney Island Hospital clinic. Make sure to make an appointment or you might not be seen that day. Call (844) NYC 4 NYC or (844) 692-4692 to make an appointment using 24/7 appointment line.

Follow up with your doctor or specialist doctor when indicated in few days or sooner if symptoms worsen.

Return to ER if symptoms worsen.

Today's Visit

You were seen by BAYANI BASCARA, MD and Natalia Grinkina, PA

Reason for Visit

- Assault Victim
- Wrist Pain
- Ankle Pain
- Back Pain

Diagnoses

- Bruise of both arms
- Contusion of ankle, unspecified laterality, initial encounter

Medications Given

ketorolac (TORADOL) last given at 11:56 AM

What's Next

JUL 19 2019 **Revisit** with Suresh Patil, MD
Friday July 19 1:40 PM
3C-100

Woodhull Orthopedics
760 Broadway 3C-100
BROOKLYN NY 11206
718-963-8269

SEP 3 2019 **Lab Work**
Tuesday September 3 10:50 AM

Woodhull Outpatient
Lab
760 Broadway
BROOKLYN NY 11206
718-963-8000

SEP 7 2019 **Revisit** with SAMIA RIZKALLA, MD
Saturday September 7 11:00 AM
2C-120/150

Woodhull Medicine
Clinic
760 Broadway
BROOKLYN NY 11206
718-963-8172

General Emergency Department Discharge Instructions

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone

NYC
HEALTH+
HOSPITALS

MYCHART

With MyChart, you can... Message your doctor... Request refills... See test results... See your visit summaries and upcoming appointments and much much more...

To sign up go to <http://mychart.nychealthandhospitals.org>, click "Sign Up Now", and enter personal activation code: 45VD5-PJBTF
Expires: 12/16/2019 10:45 AM.

Additional Information:

If you have questions, you can go to <https://epicmychart.nychhc.org/help> to contact our MyChart staff. Remember, for emergencies, always call 911 - do not use MyChart.

Allergies

Shellfish-derived Products

Allergy

Shortness Of Breath
Nausea And Vomiting
Swelling

Att. 5

Problem List

Date Reviewed: 5/30/2019

	ICD-10-CM	Priority	Class	Noted - Resolved
Annual physical exam	Z00.00			5/30/2019 - Present
Spinal stenosis	M48.00			1/4/2019 - Present
Back pain at L4-L5 level	M54.5			10/22/2018 - Present
Depression, major, recurrent (HCC)	F33.9			10/22/2018 - Present

Attachment #6



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PD1-M

Property Damage or Loss Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

Syville
AIPHUNSO

Claimant Information

*Last Name:

*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Phone:

Email Address:

Occupation:

City Employee? ☐ Yes ☒ No ☐ NA

Gender ☒ Male ☐ Female ☐ Other

Syville
AIPHUNSO
131 W 25 th
N.Y
N.Y
9/27/74
Format: MM/DD/YYYY
068-58-5767
Format: MM/DD/YYYY
646 673-3209
SOHOdent27@aol.com

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

* Denotes required field(s).

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alphonso Spive

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

City of New York

Department of Homeless Services & DHS Police Officer's Services

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? 4/2008

Gross monthly wages at the time: \$1300

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Insurance Information

Do you have insurance? ☐ Yes ☐ No

Did you report your accident to your insurance company? ☐ Yes ☐ No

Were you paid by your insurance company? ☐ Yes ☐ No

Is payment pending? ☐ Yes ☐ No

Deductible Amount:	
Insurance Company Name:	
Address:	
Address 2:	
City:	
State:	<input type="checkbox"/>
Zip Code:	
Policy #:	
Phone #:	
Agent Name:	

City vehicle information

Plate #:

City Driver Last Name:

City Driver First Name:

*Total Amount Claimed:

Format: Do not
include "\$" or "¢".

10/10/19
Date

Signature of Claimant

State of New York
County of

I, ALPHONSO SYVILLE, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Sworn before me this day

10th day of October 2019

Signature of Claimant

Signature of notary

EDWIN COSME
Notary Public, State of New York
No. 01CO6181959
Qualified in Kings County
Commission Expires 03/10/2020

Property lost Claim

Page 1 of 4

July 2nd I Alphonso Syville property was being transferred from Mica Renaissance Single News Adult Shelter in Brooklyn to Jack Ryan Mica News Adult shelter on W 4th in Manhattan

The reason for the transfer from Brooklyn to Manhattan was, So I can be ~~far~~ closer to Bellevue Hospital to go through a laser back operation Also, it's Medical Documented that I can not lift anything over 11 pounds. (Which I had 3 different Bags all over 20 pounds).

The Director ~~informed~~ from Renaissance informed the staff at Jack Ryan before that that they would have to help me with my property ~~at~~ once it arrived at Jack Ryan.

Page 2 of 4

My Property Arrives and the staff at
Jack Ryan refuses to help me with my
property through the Metal Detector.

I was assaulted due to this and Jail
and Released on July 3rd which I returned to
Jack Ryan and wait for a Bus with my Property.

About 8pm I was told I was transferred
to 124th and Lexington another Single Adults Men's
shelter. I asked will some body be helping me transport
my property and again I was told, "NO" we don't
do that. INSTEAD I WAS given 1 metro Card
and told I have to get to 124th and Lexington the best
way I can. (Despite me being ^{not} able to carry anything over
10 pounds.)

So I packed me a small Bag and Went and
slept on the Streets.

Page 3 of 4

A few days later I was told I've been transferred to a Single Adult shelter in the Bronx Cell St Louis. I told DHS that I already have a separation from that shelter and DHS said, I'm being

On Sept 1 I went to 1 police plaza to retrieve the complaint and I was transferred again to Fort Washington in the Bronx ~~at~~ the first week of September.

I asked for my Property at Jack Ryan and was told that my Property was thrown away because I couldn't get to it in 7 days of the time it got packed up on July 2nd at Jack Ryan

(That's all I ask, so basically Jack Ryan threw my whole life away).

Also I been sleeping on the streets since July 2nd and still there as of right now 10/10/19.

I think I should get reimbursed because

- 1) Nobody/Staff would not help me with my property despite Medical Documents saying I can't lift anything over 10 pounds. (so there is no way I could've transported my property with me).
- 2) Jack Ryan was informed ahead of time by another Director to help me with my property.
- 3) Staff Job is to help and help transport Mental and medical ill clients such as myself with their property personal and Private.

- UNKNOWN) → NOT ADDED
- 1) Things I had in my Property, (some is priceless)
 - 1) I had a Baseball Collection, unknown Worth (I have pictures of them)
 - 2) USB top \$700
 - 3) Tablet \$500
 - 4) 3 phones iPhone 5, Samsung Galaxy, Galaxy 7 \$1200
 - 5) 3 pair of Wireless Headphone \$400
 - 6) Vintage Brooklyn Nets were that can't be gotten no more \$500
 - 7) Clothes, underwear, Winter Coats and Clothes, 3 pair of Sneakers, 1 pair of boots \$600
 - 8) 1 Gucci Watch \$500
 - 9) 1 Bose wireless speaker \$300
 10. Priceless stuff, (pictures of me my 3 daughter and family dating as far back as 1995)
 11. Copy of my Securo Book I wrote
 12. A lot of legal court Documents